

Registration District No. **791**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 Days, 1 Mo.
Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME John Nessel

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Helen 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 29, 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 10 18 hr. _____ min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business City Forestry Dept.

12. Name John Nessel

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Lentz

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Anderson

(b) Address 3819 Ohio Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/20/40
(Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cem

18. (a) Signature of funeral director C. N. McLaughlin

(b) Address 2301 Lafayette Ave

19. (a) FEB 19 1940 (Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 1017 Russell
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 17,
year 1940 hour 2:45 minute A. M.

21. I hereby certify that I attended the deceased from January
1, 1940 to February 17, 1940

that I last saw him alive on February 17, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Brucellosis
Carcinoma of Lung Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature J. P. [Signature] (M. D. or other) 1

*Address 1515 Lafayette, Date signed 2/17/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Paul A. Keith

-Licensed Embalmer No. 3612

P.O. Address 2317 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.